

ROUTING AND TRANSMITTAL SLIP			Date
TO: <small>(Name, office symbol, room number, building, Agency/Post)</small>	Initials	Date	
1.			
2.			
3.			
4.			
5.			
<input type="checkbox"/> Action	<input type="checkbox"/> File	<input type="checkbox"/> Note and Return	
<input type="checkbox"/> Approval	<input type="checkbox"/> For Clearance	<input type="checkbox"/> Per Conversation	
<input type="checkbox"/> As Requested	<input type="checkbox"/> For Correction	<input type="checkbox"/> Prepare Reply	
<input type="checkbox"/> Circulate	<input type="checkbox"/> For Your Information	<input type="checkbox"/> See Me	
<input type="checkbox"/> Comment	<input type="checkbox"/> Investigate	<input type="checkbox"/> Signature	
<input type="checkbox"/> Coordination	<input type="checkbox"/> Justify		
REMARKS:			

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions	
FROM: <small>(Name, org. symbol, Agency/Post)</small>	Room No.--Bldg.
	Phone No.
5041-103	OPTIONAL FORM 41 (Rev. 1-94) Prescribed by GSA

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